



Bib Data Sheet


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SERIAL NUMBER 09/487,359	FILING DATE 01/19/2000 RULE -	CLASS 604	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 1001.1387101						
APPLICANTS Dean A. Schaefer, Roslindale, MA ; David Paulk, Framingham, MA ; Steven M. Anderson, Shrewsbury, MA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/08/2000 -										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3					
ADDRESS Robert E Atkinson Crompton Seager & Tufte LLC 331 Second Avenue South Suite 895 Minneapolis ,MN 55401-2246										
TITLE Intravascular catheter with axial member										
FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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